

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006521
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 281 Primary Registration District No. 3048 Registrar's No. 30

300 0
1-57

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Maryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 7 years		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Albert Lewis Sheley			4. DATE OF DEATH Month Day Year Feb. 8, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 28, 1875	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Lumber	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Bedford, Iowa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Silas Sheley	13b. MOTHER'S MAIDEN NAME Elizabeth Young	14. NAME OF HUSBAND OR WIFE Mabel
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 498 42 4590	17. INFORMANT Mrs George Neff, Maryville, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per part for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331x</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Hopkins	COUNTY Hopkins	STATE Mo.
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21. I attended the deceased from Death occurred at <u>8 P.M.</u> <u>1/1</u> <u>50</u> and last saw him alive on <u>2/8/59</u>	and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u> (Degree or title) M.D.	22b. ADDRESS <u>Hopkins</u>	22c. DATE SIGNED <u>2/9/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-10-59	23c. NAME OF CEMETERY OR CREMATORY Hopkins	23d. LOCATION (City, town, or county) Hopkins, Mo.	(State)
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24. FUNERAL DIRECTOR <u>Stanley Swanson</u>	ADDRESS <u>Hopkins, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-9-59</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be treated. All diseases in Part I must be causally related.

MAR 6 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. 3963.....
P. O. Address Hopkins, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.